FAMILY TO FAMILY
Connecting Families in Community

REFERRAL FORM AND
PERMISSION FOR RELEASE OF INFORMATION

I, _____
(please print name)

give permission for my address, telephone number and/or email address to be released to staff and/or volunteers of the Indiana First Steps Family to Family initiative. I understand that a representative of the Family to Family initiative will contact me by phone, mail or electronic mail to offer networking and support. As part of the ongoing activities of supporting families, my name and phone number may also be shared with other parents interested in family-to-family support.

_____ _____
Parent Signature Date

_____ _____
Address, City State Zip (Please Print) County

_____ _____
Email address Telephone

_____ _____
Parent's specific area of interest/concern special needs Date of Birth of child with

_____
Child's disability/diagnosis

Please check all that apply:

___ I would like to be contacted by a volunteer to receive parent to parent support.
___ I would like information about becoming a volunteer.

Referring Service Provider:

_____ _____
Provider Name Date

_____ _____
Title Telephone

_____ _____
Name of Organization Email Address

Send referral form to:
Sarah O'Brien
5925 Country Way, New Palestine IN 46163
317-861-8025 (phone/fax); sjobrienmsu89@sbcglobal.net